

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning , 2016, ending , 20 See separate instructions.

Your first name and initial Dennis L	Last name Richter	Your social security number [REDACTED]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]	Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.
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City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). [REDACTED] CA 90016	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse
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Foreign country name	Foreign province/state/county	Foreign postal code
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Filing Status

1 ☒ Single	4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
2 ☐ Married filing jointly (even if only one had income)	5 ☐ Qualifying widow(er) with dependent child
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶	

Check only one box.

Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, do not check box 6a

b ☐ **Spouse**

c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ☒ if child under age 17 qual. for child tax credit (see instr.)

If more than four dependents, see instructions and check here ▶ ☐

d Total number of exemptions claimed Add numbers on lines above ▶ **1**

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7 5,110
8a Taxable interest. Attach Schedule B if required	8a
b Tax-exempt interest. Do not include on line 8a	8b
9a Ordinary dividends. Attach Schedule B if required	9a
b Qualified dividends	9b
10 Taxable refunds, credits, or offsets of state and local income taxes	10
11 Alimony received	11
12 Business income or (loss). Attach Schedule C or C-EZ	12
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	13
14 Other gains or (losses). Attach Form 4797	14
15a IRA distributions	15a
b Taxable amount	15b
16a Pensions and annuities	16a
b Taxable amount	16b 2,389
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17
18 Farm income or (loss). Attach Schedule F	18
19 Unemployment compensation	19
20a Social security benefits	20a
b Taxable amount	20b 0
21 Other income. List type and amount	21
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22 7,499

Adjusted Gross Income

23 Educator expenses	23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24
25 Health savings account deduction. Attach Form 8889	25
26 Moving expenses. Attach Form 3903	26
27 Deductible part of self-employment tax. Attach Schedule SE	27
28 Self-employed SEP, SIMPLE, and qualified plans	28
29 Self-employed health insurance deduction	29
30 Penalty on early withdrawal of savings	30
31a Alimony paid b Recipient's SSN ▶	31a
32 IRA deduction	32
33 Student loan interest deduction	33
34 Tuition and fees. Attach Form 8917	34
35 Domestic production activities deduction. Attach Form 8903	35
36 Add lines 23 through 35	36
37 Subtract line 36 from line 22. This is your adjusted gross income ▶	37 7,499

